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STRIDOR – THE PEDIATRICS PROBLEM

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Aim: evaluation of causes that lead to stridor in small child, as urgent condition. **Material and methods:** We involved selected group of 32 children with stridor. Children with stridor of inflammation origin, foreign body and GER were excluded. The following parameters were substantial for determining causes for stridor: history, clinical condition, routine and specific examinations, including chest CT scan, and flexible bronchoscopy. The age of the children was 2-14 months (mean age-6.7 months). Male/female relation was 1.9:1 (male was 21 patients). **Results:** There were confirmed the following causes of stridor: laryngomalatio – 22 patients*, (floppy arytenoids and/ or cuneiform cartilages-13, floppy epiglottis- 7, short aryepiglottic folds and arytenoids-2)*, tracheal compression because of aberrant vesse-2, primary tracheomalacia –4, unilateral choanal atresia-2, bilateral vocal fold paralysis – 1 and one child with laryngeal papillomatosis. In 19 children stridor was appeared at the age of 2 months, in 8 children –2-4 months and in 5 patients at the age above 4 months. **Conclusion:** There are numerous causes that lead to stridor at the early child age. The diagnosis is definitive confirmed with flexible fiberoptic laryngotracheal bronchoscopy. The best treatment outcomes result when there is a good cooperation and communication between pediatricians, otorhinolaryngologists and anesthesiologists. It is the imperative, today.